## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

04 1465-5126

CLAIMS AS FILED - PART 1 (Column 1)						(Column 2)		SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY						
TOTAL CLAIMS 2							RATE	FEE		RATE	FEE					
FOR			NUMBER FILED		NUMBE	R EXTRA	BASIC FEE	370.00	OR	BASIC FEE	740.00					
TOTAL CHARGEABLE CLAIMS			2 minus 20=		*		X\$ 9=		OR	X\$18=	18					
INDEPENDENT CLAIMS			7 minus 3 =		* 4		X42=	· · · · · ·	OR	X84=	336					
MULTIPLE DEPENDENT CLAIM PRESENT							+140=		OR	+280=	0					
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	TOTAL		OR	TOTAL	1094					
	CI	LAIMS AS A	MENDED - PART II							OTHER	THAN /					
		(Column 1)		(Colu			SMALL	ENTITY	OR	SMALL	ENTITY					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER HOUSLY D FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE					
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=						
	Independent	*	Minus	***	IT CLAIM	=	X42=		OR	X84=						
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								OR	+280=						
							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE						
		ADDII. FEE		•	ADDIT: I'EE											
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	JMN 2) HEST MBER TIOUSLY D FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE					
	Total	*	Minus	**	J T OR	=	X\$ 9=	1	OR	X\$18=						
	Independent	*	Minus	***		=	X42=		OR	X84=	·					
<b> </b>	FIRST PRESENTATION OF MULTIPLE DEPENDENT				IT CLAIM			<u> </u>	l on							
							+140=		OR							
									OR	TOTAL ADDIT. FEE						
(Column 1) (Column 2) (Column 3)																
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER YIOUSLY D FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE					
N N	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=						
AME	Independent	*	Minus	***	IT OL ALL	-	X42=		OR	X84=						
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+140=		OR	+280=						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							TOTAL		ł	TOTAL						
***	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								OR	ADDIT. FEE	L					
:	The "Highest Nur	mber Previously P	aid For" (Total o	or Indeper	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											